



Government of **Western Australia**
Department of **Health**
Office of the Director General

Our ref: 1695

Contact: Belinda Van Seville, 9222 4410

Ms Caroline Edwards
Deputy Secretary – Health and Aged Care
Australian Government Department of Human Services
PO Box 7788
Canberra BC ACT 2610

Dear Ms Edwards

**INDEPENDENT REVIEW OF HEALTH PROVIDERS' ACCESSIBILITY TO
MEDICARE CARD NUMBERS**

Thank you for letter dated 18 August 2017 and the opportunity to provide comment on the discussion paper of the Australian Government's Review of Health Providers' Access to Medicare Card Numbers. It was also useful to discuss the Review with you via teleconference on 12 September 2017.

The Department of Health is generally supportive of the approach taken by the Review. However, I would recommend that more consultation is undertaken in relation to the implementation of any recommendations to ensure that they do not increase the administrative burden on Health Service Providers or lead to any unintended consequences, for example in relation to access to services by Aboriginal people unable to meet identification requirements. I also note that addressing information security requirements will be critical moving forward.

More detailed commentary in response to the discussion paper is attached.

Yours sincerely

Dr D J Russell-Weisz
DIRECTOR GENERAL

13 September 2017

encl: Feedback on the Independent Review of Health Providers' Access to Medicare Card Numbers Discussion Paper



Feedback on the Independent Review of Health Providers' Accessibility to Medicare Card Numbers Discussion Paper

Health professional channels to access Medicare card numbers (5.1)

Recommendations regarding health professional channels to access Medicare card numbers are provisionally supported however further consultation will be required with WA Health Service Providers (HSP) regarding the potential impact on current site specific administrative processes and access arrangements for Health Professional Online Services (HPOS).

HPOS

Initial consultation indicates that the Public Key Infrastructure (PKI) site certificate is currently utilised by WA's HSPs to access HPOS, to confirm Medicare eligibility for patients who present for care without a Medicare card.

The ability to check Medicare eligibility is critical to ensure that public health funding is not utilised to provide medical services to patients that do not have access to Medicare, and that fees are raised for ineligible patients in accordance with the requirements of the WA Health Fees & Charges Manual 2017/18.¹

As noted in the discussion paper, Provider Digital Access (PRODA) does not currently provide equivalent organisation-level access to HPOS and individual users are required to create an account and verify their personal identity details to utilise PRODA. Moving HPOS authentication from PKI to PRODA would significantly increase the administrative burden involved in accessing HPOS, when compared with current access requirements under the PKI site certificate. The Department of Health (the Department) recognises however that use of a two-step authentication process is consistent with best practice and would provide additional security of Medicare information, and improved ability to track activity to an individual user.

Maintaining appropriate confidentiality and security of all patient information forms part of the conditions of employment of all WA health system staff and policies are in place that govern access to, and security of patient information. The development of a PRODA-based site certificate should consider the information security protocols that exist within large health sites, and be designed to provide such sites with a more streamlined and manageable process for achieving user verification than the current registration requirements for individual PRODA users. The credentialing process for a PRODA site certificate could be similar to the verification currently required for a PKI site certificate holder, combined with the additional requirement of a two-step verification process for all individual users at each site (i.e. the individual has a username, password and verification code and must log-in each time they require access to HPOS). These users should not however be required to have proof of identify documents verified in order to create an account and be provided their individual access details for the site certificate.

¹WA Health Fees & Charges Manual 2017/18

<http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Fees-and-charges-manual/PDF/WA-Health-Fees-and-Charges-Manual.ashx>

The Department also recognises the benefits of suspension of inactive accounts, the expiry of delegation privileges after a set period of time and the consideration of further conditions for batch Find a Patient requests. There is however a potential “down-side” to this as in many institutions the roles of individuals can vary over time, so that a person may move into and out of responsibility for ascertaining Medicare numbers. If an expiry period for delegations is to be introduced reasonable time should be provided for impacted accounts to be updated, and additional prompts should be provided within the system to encourage users to regularly review and revise their delegations. A warning should also be issued to the relevant user prior to the suspension of an inactive account. The batch Find a Patient functionality should be maintained in some form for timeliness and administrative purposes however WA health acknowledges the security benefit of limiting access to this function. Further consultation is required with HSPs regarding current usage of the batch Find a Patient function.

Provider enquiries line

Further consultation is required with HSPs to understand current usage of the Medicare provider enquires line however the Department supports strengthening the security check required for telephone enquiries. The Department is aware that HSPs in rural and remote regions are more vulnerable to failure of internet-based systems and hence reliant upon telephone access. For this reason, the option of telephone access to Medicare information needs to be maintained.

Further comments

It is important that any changes to enhance the security and efficiency of the available systems for access to Medicare information be considered from the standpoint of health professionals in rural and remote Australia. Health professionals in these areas are more likely to be isolated and to not have access to back-up systems, meaning that system failures can have a greater impact than in metropolitan centres. In addition, the relatively high number of vulnerable individuals in these areas could result in a greater risk of access to health services being impeded by any decision that makes registration or assessment of identity more onerous.

Protecting the security of Medicare card numbers in the community (5.2)

The Department is not opposed to the implementation of initiatives to build public awareness about protecting Medicare information or to reminding organisations of their obligations under the *Privacy Act 1988* to protect Medicare information, should they be required to collect it.

Government should encourage individuals to take a more active role in safeguarding their Medicare information, but also in monitoring its usage. As such, it would be preferable if individuals could have access to the HPOS log for their Medicare number. Under the My Health Record system individuals will have access to information regarding who has accessed their My Health Record or retrieved their individual healthcare identifier, and it is anticipated that this will be well received by consumers.

A well designed campaign or program to support individuals in understanding how to protect their personal information, including that which will be captured in their My Health Record, would be valuable. Such a program could be delivered in WA in concert with education materials that will be required regarding shift to an opt-out method of registration for the My Health Record system.

The Department also considers that adequate information is available to health professionals regarding their obligations to protect Medicare card information. While legally sound, this information is however quite lengthy and may be unlikely to be read completely by users. As such, a summarised version should be prepared.

Identity requirements when accessing health services (5.3)

The Department acknowledges the theoretical benefit from a security perspective of introducing new identity requirements for individuals to access Medicare services however has concern regarding the proposed delineation between 'urgent' or 'emergency' treatment, and 'non-urgent' or 'longer-term' treatment.

As acknowledged in the discussion paper, requiring an individual to provide identification for non-urgent or longer-term treatment to provide assurance that they are using their own identify to access healthcare and that they are eligible to receive a Medicare rebate, could create further barriers for individuals that are unable to present identification. Such requirements could have a disproportionate impact on already vulnerable individuals including infants and children, and socioeconomically disadvantaged individuals such as the homeless population. The impact of increased identify requirements on health consumer utilisation of certain services where concerns about privacy and confidentiality may already exist, such as the provision of sexual health services, should also be considered.

Such measures may also have a negative impact on the provision of health care services to Aboriginal people, some of whom may not have any form of official identification due to a range of reasons including mistrust of government agencies based on historical and current policies and practices, and practical difficulties accessing application processes. The Department recommends that the Review consult with the National Aboriginal Community Controlled Health Organisation to inform further consideration of this issue.

Further to this non-urgent or longer-term care is often preventative in nature and any action that could result in the creation of a barrier to access to preventative care is not consistent with the strategic priorities of the WA health system (as outlined in the WA Health Strategic Intent 2015-2020²). Priorities include the provision of prevention and community care services, and focus on early intervention and health promotion activities. WA health also aims to reduce the number of people living with chronic disease through promoting and supporting individuals to have healthier lifestyles, and through early detection and intervention.

It is the Department of Health's view that consideration of additional identity requirements should not be progressed prior to availability of evidence regarding the prevalence of fraudulent access to health services, and unless assurance can be provided that such measures will not reduce the ability of particularly disadvantaged and vulnerable patients to access health care.

Use of the Medicare card as evidence of identity (5.4)

The WA health system uses Medicare cards to identify individuals seeking care, to access their medical records and to establish whether individuals are eligible for the Medicare rebate. The continued use of the Medicare card for additional purposes including as evidence of identity in

² WA Health Strategic Intent 2015-2020

http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/About%20WA%20Health/wa_health_strategic_intent14052015.ashx

the broader community is supported as long as this usage continues to have no detrimental effect on its core purpose.